

DO/ EO WORKSHEET

Paralegal/National Stage Division

U.S. Appl. No. 10/534555International Appl. No. A103/01355Application filed by : 20 months 30 months

WIPO PUBLICATION INFORMATION :

Publication No.: WO 2004 045988

Publication Language : English German Japanese Chinese Korean
 French Spanish Russian Other : _____Publication Date : 3 Jun 04Not Published : U.S. only designated EP requestPublished : EP request

INTERNATIONAL APPLICATION PAPERS IN THE APPLICATION FILE :

- | | |
|--|--|
| <input type="checkbox"/> International Application (RECORD COPY) | <input type="checkbox"/> PCT/IB/331 |
| <input type="checkbox"/> Article 19 Amendments | <input type="checkbox"/> Request form PCT/RO/101 |
| <input type="checkbox"/> PCT/IPEA/409 IPER : <input type="checkbox"/> EP <input type="checkbox"/> JP <input type="checkbox"/> SE <input type="checkbox"/> AU
<input type="checkbox"/> US <input type="checkbox"/> FR <input type="checkbox"/> CN <input type="checkbox"/> ES <input type="checkbox"/> RU <input type="checkbox"/> AT <input type="checkbox"/> KR <input type="checkbox"/> | <input type="checkbox"/> PCT/ISA/210 - Search Report : <input type="checkbox"/> EP <input type="checkbox"/> JP <input type="checkbox"/> SE <input type="checkbox"/> AU
<input type="checkbox"/> US <input type="checkbox"/> FR <input type="checkbox"/> CN <input type="checkbox"/> ES <input type="checkbox"/> RU <input type="checkbox"/> AT <input type="checkbox"/> KR <input type="checkbox"/> |
| <input type="checkbox"/> Annexes to 409 | <input type="checkbox"/> Search Report References |
| <input type="checkbox"/> Priority Document (s) No. _____ | <input type="checkbox"/> Other : _____ |

RECEIPTS FROM THE APPLICANT (other than checked above) :

- | | |
|--|--|
| <input checked="" type="checkbox"/> Basic National Fee (or authorization to charge) | <input checked="" type="checkbox"/> Preliminary Amendment(s) Filed on :
1. _____ 2. _____ 3. _____ |
| <input checked="" type="checkbox"/> Description <input checked="" type="checkbox"/> Claims <input checked="" type="checkbox"/> Abstract | <input checked="" type="checkbox"/> Information Disclosure Statement(s) Filed on :
1. _____ 2. _____ 3. _____ |
| <input checked="" type="checkbox"/> Drawing Figure(s) - (# of drwgs. <u>1</u>) | <input type="checkbox"/> Assignment Document (forwarded to Assignment Branch) |
| <input type="checkbox"/> Translation of Article 19 Amendments
<input type="checkbox"/> entered <input type="checkbox"/> not entered :
<input type="checkbox"/> not a page for page substitution
<input type="checkbox"/> replaced by Article 34 Amendment | <input type="checkbox"/> Assignee PG Publication Notice |
| <input type="checkbox"/> Annexes to 409
<input type="checkbox"/> entered <input type="checkbox"/> not entered :
<input type="checkbox"/> not a page for page substitution
<input type="checkbox"/> other : _____ | <input type="checkbox"/> Substitute Specification Filed on :
1. _____ 2. _____ |
| <input type="checkbox"/> Application Data Sheet | <input type="checkbox"/> Verified Small Status Statement |
| <input type="checkbox"/> Power of Attorney/ Change of Address | <input checked="" type="checkbox"/> Oath/ Declaration (executed) |

 DNA Diskette Sequence Listing Other : _____NOTES : I.A. used as Specification Other :

35 U.S.C. 371 - Receipt of Request (PTO-1390)

10 MAY 05
27 June 05

Date Acceptable Oath/ Declaration Received.

Date of Completion of requirements under 35 U.S.C. 371

Date of Completion of ALL requirements (no EP requested)

Date of Completion of DO/ EO 903 - Notification of Acceptance

Date of Completion of DO/ EO 905 - Notification of Missing Requirements

Date of Completion of DO/ EO 909 - Notification of Abandonment

Date of Completion of DO/ EO 916 - Notification of Defective Response

Date of Completion of DO/ EO 922

Date of Completion of DO/ EO 923

UNITED STATES PATENT & TRADEMARKS OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND

REQUEST FOR PATENT FEE REFUND			
1 Date of Request:	2 Serial/Patent # 10/534555		
3 Please refund the following fee(s):	4 PAPER NUMBER	5 DATE FILED	6 AMOUNT
<input checked="" type="checkbox"/> Filing	1	05-10-05 T2	\$ 50
<input type="checkbox"/> Amendment			\$
<input type="checkbox"/> Extension of Time			\$
<input type="checkbox"/> Notice of Appeal/Appeal			\$
<input type="checkbox"/> Petition			\$
<input type="checkbox"/> Issue			\$
<input type="checkbox"/> Cert of Correction/Terminal Disc.			\$
<input type="checkbox"/> Maintenance			\$
<input type="checkbox"/> Assignment			\$
<input type="checkbox"/> Other			\$
7 TOTAL AMOUNT OF REFUND			\$ 50
8 TO BE REFUNDED BY:			
<input type="checkbox"/> Treasury Check			
<input type="checkbox"/> Credit Deposit A/C #:		9 19--0450	
10 REASON:			
<input type="checkbox"/> Overpayment			
<input type="checkbox"/> Duplicate Payment			
No Fee Due (Explanation):			
11 REFUND REQUESTED BY:			
TYPED/PRINTED NAME:		TITLE: <i>J. Johnson</i>	
SIGNATURE: <i>J. Johnson</i>		PHONE: <i>308-59140</i>	
OFFICE: <i>PCT</i>			
***** THIS SPACE RESERVED FOR FINANCE USE ONLY *****			
APPROVED:		DATE:	

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

**Office of Finance
Refund Branch
Crystal Park One, Room 802B**